FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruc	tions)		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typ over the lines	12FE4M5	1 1
DynCorp Internatio	nal LLC PAC		111111	
	<u> </u>	<u> </u>	111111	
ADDRESS (number and street)	8445 Freeport Park	way, Suite 400	111111	
(Check if address is changed)				75063   _   _   _
001111111111111111111111111111111111111		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	DRESS			ı
1				<u></u>
	ADDRESS (UDL)			
COMMITTEE'S WEB PAGE	: ADDRESS (URL)			,
COMMITTEE'S FAX NUMBI 5717220250	ĒR			
2. DATE 1.1	1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	NUMBER	C C00409979		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (	(A)	
I certify that I have examined thi	is Statement and to the best of my k	nowledge and belief it is true, co	rrect and complete	_
Type or Print Name of Treas	urer Ms. Elizabeth I	M Snyder		
Signature of Treasurer El	ectronically Filed by Ms. Eliz	abeth M Snyder	_ Date 111	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, err	oneous, or incomplete information n	nay subject the person signing th	•	-
Office Use Only		For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2003)

FEOForm 1 (Revised 02/2003)

5.	TYPE OF COMMITTEE (Check One)			
	(a)	This committee is a principal campaign committee. (Complete the candidate info	ormation below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign c information below.)	ommittee. (Complete the candidate	
	Name of Candidate			
	Candidate Party Affiliation	Office Sought: House Senate	State President District	
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized	d committee.	
	Name of Candidate			
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.	
	(e) X	This committee is a separate segregated fund		
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT committee.	Γ a separate segregated fund or party	
ô.	Name of Any	Connected Organization or Affiliated Committee		
l	DynCorp In	ternational LLC		
Г				
_		3190 Fairview Park Drive		
	Mailing Addre	SSS LILINIA DE LA CONTRACTOR DE LA CONTR		
		Suite 700		
		Falls Church	VA22042	
		CITY▲	STATE ▲ ZIP CODE ▲	
	Relationship	Connected		
	Type of Conn	ected Organization:		
		oration Corporation w/o Capital Stock	Labor Organization	
			_	
	Mem	nbership Organization Trade Association	Cooperative	

Page 2

	1 (Revised 02/2003)			Page 3
Write or Type Comm				
	ernational LLC PAC			
	ecords: Identify by nam Committee books and re	ne, address, (phone number ecords.	optional), and position of th	ne person in
Full Name	Ms. Elizabeth M Sn	ıyder		
Mailing Address		3190 Fairview Park		
		Suite 350		
		Falls Church	VA	22042 _
Title or Position	<b>~</b>	CITY A	STATE	ZIP CODE A
			Telephone number	
		s (phone number optional) of agent (e.g., assistant treasurer		ittee; and the
name and add Full Name of Treasurer		agent (e.g., assistant treasurer		ittee; and the
name and add	ress of any designated a	agent (e.g., assistant treasurer		ittee; and the
name and add Full Name of Treasurer	ress of any designated a	agent (e.g., assistant treasurer		ittee; and the
name and add Full Name of Treasurer	ress of any designated a	agent (e.g., assistant treasurer nyder 3190 Fairview Park		22042
name and add Full Name of Treasurer	ress of any designated a	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350	).	
name and add Full Name of Treasurer Mailing Address	ress of any designated a	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350  Falls Church  CITY A		22042
name and add Full Name of Treasurer  Mailing Address  Title or Position  Full Name of Designated	ress of any designated a  Ms. Elizabeth M Sn	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350  Falls Church  CITY A		22042
name and add Full Name of Treasurer  Mailing Address  Title or Position  Full Name of	ress of any designated a	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350  Falls Church  CITY A		22042
name and add Full Name of Treasurer  Mailing Address  Title or Position  Full Name of Designated	ress of any designated a  Ms. Elizabeth M Sn	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350  Falls Church  CITY A		22042
name and add Full Name of Treasurer  Mailing Address  Title or Position  Full Name of Designated Agent	ress of any designated a  Ms. Elizabeth M Sn	agent (e.g., assistant treasurer  nyder  3190 Fairview Park  Suite 350  Falls Church  CITY A		22042

Telephone number

	FEC Form 1 (Revised	I 02/2003)	Page 4
9.	Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e	tains funds.	ounts, rents
	Bank  Mailing Address	8445 Freeport Parkway Suite 100	
		Irving TX 7	5063   _

Membership Organization

FEC Form 1 (Revised 1/2	2001)	Page <b>5</b> / <b>6</b>
Banks or Other Depositories: safety deposit boxes or maintain		
Name of Bank, Depository, etc.		[ ADDITIONAL ]
Mailing Address		
	CITY 🛆	STATE △ ZIP CODE △
Name of Any Connected Org	anization or Affiliated Committee	[ ADDITIONAL 1
, ,		[ ADDITIONAL ]
DynCorp International LL	C Free Zone Political Action Committee	
Mailing Address	3190 Fairview Park Drive	
ag / taa. ccc	Suite 350	
		VA   22042
	Falls Church	VA22042
	CITY	STATE ▲ ZIP CODE ▲
Relationship Affiliate	ed 	
Type of Connected Organization	n:	
X Corporation	Corporation w/o Capital Stock	Labor Organization

Trade Association

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
	Te	elephone number = =